UNITED STATES DISTRICT COURT

		for the
	Northern Di	strict of Georgia
CHRISTOPHER I	DUNNAVILLE)))
Plaintiff	(s)	· ·
v.	, ,	Civil Action No.
COMMISSIONE SOCIAL SECURITY A)))
Defendan	nt(s)))
	SUMMONS II	N A CIVIL ACTION
To: (Defendant's name and address	Social Security Administra Office of Regional Counse 61 Forsyth Street, SW Atlanta Federal Center, So Atlanta, GA 30303	el e e e e e e e e e e e e e e e e e e
A lawsuit has been fil	ed against you.	
P. 12 (a)(2) or (3) — you mus	ed States agency, or an offi t serve on the plaintiff an ar	
If you fail to respond, You also must file your answe	judgment by default will be r or motion with the court.	entered against you for the relief demanded in the complaint.
		CLERK OF COURT
D. t.		
Date:		Signature of Clerk or Deputy Clerk

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Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	This summons for (nat	ne of individual and title, if any)				
was re	eceived by me on (date)	<u> </u>				
	☐ I personally served	the summons on the individual	at (place)			
			on (date)	; or	-	
	☐ I left the summons	at the individual's residence or	usual place of abode with (name)			
	, a person of suitable age and discretion who re					
	on (date) , and mailed a copy to the individual's last known address; or					
	☐ I served the summo	ons on (name of individual)		, V	vho is	
	designated by law to a	accept service of process on beh	alf of (name of organization)			
			on (date)	; or	··· -	
	☐ I returned the sumn	nons unexecuted because			; or	
	☐ Other (specify):				_	
	My fees are \$	for travel and \$	for services, for a total of \$	0.00		
	I declare under penalty	of perjury that this information	is true.			
Date:						
	-	·	Server's signature			
			Printed name and title			
			Server's address	-		

Additional information regarding attempted service, etc: